





Home and Community-Based Services (HCBS) Grant Opportunity: Frequently Asked Questions

September 29, 2023



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Introduction

Frequently Asked Questions (FAQ)

General Questions

- 1. Q: What is the HCBS Grant Opportunity?

 A: Under Section 9817 of the American Pos
 - A: Under Section 9817 of the American Rescue Plan Act of 2021, Vermont received funding to enhance, expand, and strengthen Medicaid Home and Community-Based Services (HCBS). The Vermont Agency of Human Services (AHS) is using a portion of this funding to offer grant opportunities to HCBS providers and community-based organizations that primarily serve Medicaid members with HCBS needs. The HCBS Grant Opportunity includes four tracks of funding designed to strengthen Vermont's HCBS system of care, including investments in infrastructure, workforce development, care model innovation, and organizational performance improvement and compliance.
- 2. Q: What are the priorities for this funding opportunity? A: The HCBS Grant Opportunity was developed to advance the quality, accessibility, sustainability, and equity of HCBS in Vermont. The program aims to provide critical funding and support to HCBS providers and community-based organizations serving individuals who utilize HCBS and their families and caregivers. The program recognizes the importance of addressing health disparities, reducing inequities, and ensuring that all individuals, particularly those from underserved or marginalized communities, have equitable access to high-quality HCBS.
- 3. Q: Am I able to apply for more than one grant track?

 A: Eligible organizations may apply for more than one grant track and will be able to select which grant track(s) they would like to apply to in the application.
- 4. Q: Can I submit multiple applications for one grant track?
 - A: **No.** However, eligible organizations may include multiple activities or projects per track within the application. For example, an eligible provider could submit an application that includes specialized trainings as well as workplace health and wellness initiatives for their direct care staff.
 - Please note that the total funding requested for all the activities or projects within each track must not exceed the maximum grant amount(s).



Q: Will all my projects be funded if my application is selected?
 A: Not all budgetary requests may be funded, awards will be determined based on alignment with track goals and outcomes.

Timing Questions

- 6. Q: When will an applicant be notified that they have been selected to receive a grant award? A: Funding notifications are anticipated to be sent via email to the primary point of contact listed on the application in late fall 2023.
- Q: What is the time frame to spend the funding?
 A: All funds must be expended by December 31st, 2024.

Eligibility and Process Questions

- 8. Q: What is a Unique Entity Identifier (UEI) and where do I get one?
 A: The Unique Entity ID is assigned to entities when they request a Unique Entity ID or register on SAM.gov. Step-by-step instructions on how to obtain a UEI can be found here. we recommend registering early so that you have your UEI available when you are ready to apply for the HCBS Grant Opportunity.
- 9. Q: Which providers and organizations are eligible to obtain funding?A: The type of organization(s) that are eligible for each track varies, as illustrated in the table below. Please view <u>our website</u> for an eligibility quick reference guide.

Grant Track	Eligibility
Infrastructure Improvement	 HCBS providers that are fully compliant with the <u>HCBS Settings</u> <u>Criteria</u> or will become compliant due to improvements funded through this grant opportunity. HCBS providers offering Medicaid State Plan services in community-based non-residential settings.
Workforce Development	 HCBS provider organizations, including partnerships between HCBS providers with a lead provider or a membership organization with letters of commitment from HCBS providers. Educational institutions (e.g., colleges and universities). School districts or schools that serve children with HCBS needs or employ or contract with HCBS direct care workers. Workforce development organizations that focus on HCBS and healthcare. Community-Based Organizations demonstrating a strong linkage to HCBS Populations (See #8 below).
Care Model Innovation	 HCBS providers, including partnerships between HCBS providers with a lead provider or a membership organization with letters of commitment from HCBS providers.



	 Hospitals, Community Health Centers, and healthcare organizations, systems, and networks that partner with an HCBS provider and provide documentation of the partnership. (See #10 below). Community-Based Organizations demonstrating a strong linkage to HCBS Populations (See #8 below).
Organizational Performance Improvement and	 HCBS providers, including partnerships between HCBS providers with a lead provider or a membership organization with letters of commitment from HCBS providers.
Compliance	 Community-Based Organizations that can demonstrate a pathway to become a Medicaid HCBS provider.

10. Q: What type of Community-Based Organizations (CBOs) are eligible to apply?

A: CBOs that primarily serve Medicaid members with HCBS needs may be eligible to apply for all grant tracks except the infrastructure improvement track. To demonstrate a strong linkage to Vermont's Medicaid HCBS programs, CBOs must:

- Partner with an HCBS provider organization and include a letter of partnership or memorandum of understanding with their application; or
- Pilot a service that is in the process of becoming a Medicaid HCBS service or program and demonstrate a pathway to become a Medicaid HCBS provider; or,
- Demonstrate through their application that their proposal improves the quality of or access to a Vermont Medicaid HCBS service.

11. Q: Which types of HCBS providers are eligible to apply?

A: HCBS providers must be enrolled in Vermont Medicaid and include:

- Home Health Agencies
- Adult Day Facilities
- Agencies designated to provide mental health or developmental disability services, or both (Designated Agencies)
- Agencies with which the Commissioner of Mental Health or Disabilities, Aging, and Independent Living, or both, has contracted to provide specialized services (Specialized Service Agencies)
- Substance use treatment providers in the Department of Health's preferred provider network
- Area Agencies on Aging
- Therapeutic Community Residences
- Brain Injury Providers
- Family Supportive Housing Providers
- Durable Medical Equipment Providers
- Therapy Providers contracted by a Home Health Agency
- Assistive Community Care Services Providers



- Providers of Programs licensed by the Department of Children and Families as Residential Treatment Programs
- Medicaid-enrolled Parent Child Centers
- Children's Integrated Services Fiscal Agents
- Applied Behavior Analysis Providers
- Providers of supportive intermediary services for individuals receiving Choices for Care,
 Brain Injury Program and Developmental Disabilities HCBS

Please note that some grant tracks have additional requirements regarding which types of HCBS providers are eligible (See question 7).

12. Q: Can hospitals, Community Health Centers, and healthcare organizations, systems, and networks that partner with an HCBS provider apply directly for funding?

A: **No.** The AHS encourages partnerships between these organizations and HCBS providers, however the HCBS provider must be the Lead Applicant and, if selected, would be the entity receiving the grant award.

13. Q: Are there requirements for applicants related to receiving a certain number of bids for projects within the Infrastructure Improvements grant track?

A: **No.** There are no specific requirements related to the number of bids that must be received on each project. However, applicants are expected to demonstrate project feasibility, cost accuracy and reasonability in their proposals.

Use of Funds Questions

14. Q: How are the funds allocated across the 4 grant tracks, and how much funding can I request?

A: The anticipated funding breakdown across the grant tracks is summarized in the table below:

Grant Track	Available Funding	Minimum Award Available	Maximum Award Available
Track 1: Infrastructure Improvement	\$6.3 million	\$50,000	\$1.8 million
Track 2: Workforce Development	\$6.3 million	\$50,000	\$1 million
Track 3: Care Model Innovation Pilots	\$5.3 million	\$50,000	\$1.3 million
Track 4: Organizational Performance Improvement and Compliance	\$3 million	\$30,000	\$600,000
Total	\$20.9 million		



All dollar amounts listed are estimated/approximate and are subject to change. If more funding becomes available through shifts in overall track funding amounts due to track specific interest and/or eligibility, it will be distributed under the same guidelines.

- 15. Q: Can funds be allocated to previous expenditures?
 - A: Funding must be used for expenses incurred during the award period.
- 16. Q: How will grant award funds be made available?

A: All funds will be paid on a reimbursement basis. Requests for reimbursements may be submitted quarterly. Monthly reimbursement may be considered in some circumstances depending on grantee need and AHS capacity.

- 17. Q: Will expenses need pre-approval?
 - A: No, funding should only be allocated to activities outlined in the grant budget approved after the submission and review process and included in the executed grant award.
- 18. Q: How much of the funding can be spent on indirect costs?

A: No more than 10% of funding can be spent on indirect costs as an overhead rate. The 10% should use a Modified Total Direct Costs (MTDC) base, which consists of: All direct salaries and wages, applicable fringe benefits, materials and supplies, services, travel, and up to the first \$25,000 of each sub award (regardless of the period of performance of the sub awards under the award). For additional information please review: DCD-2-CFR-Guide.pdf (dol.gov).

- 19. Q: What type of expenses are prohibited?
 - A: The AHS reserves the right to deny any activity included in a submitted spending/staffing plan that the AHS determines to not be an allowable expense. Below is a bulleted list of examples of prohibited expenses. Note that the list is not comprehensive, but instead is illustrative of prohibited uses of ARPA HCBS funding.
 - Any of the provisions located in 45 C.F.R. § 75.450(c) including, but not limited to: attempting to influence any federal, state, or local election, referendum, initiative, or similar procedure, and establishing, administering, contributing to, or paying the expenses of a political party.
 - Legal fees, if costs were incurred relating to a violation of, or failure to comply with, a federal, state, or local statute, regulation, or the terms and conditions of the federal award, by the non-federal entity and the violation, or failure to comply, resulted in a criminal conviction or assigned liability in a civil or administrative proceeding. Also, payments may not cover legal fees incurred by the non-federal entity in connection with the defense of suits brought by its employees or ex-employees under section 2 of the Major Fraud Act of 1988, including the cost of all relief necessary to make such employee whole, where the non-federal entity was found liable or settled.
 - Expenses that are already covered through Medicaid (i.e., supplanting).



- For tracks 2, 3 and 4, any activities that are explicitly unallowable per the terms of the Global Commitment to Health Section 1115 Demonstration Waiver Standard Terms and Conditions Section 11.5.
- Infrastructure Improvement grants may not be used to purchase new buildings, reimburse for previously completed projects, modifications to rented spaces, and purchases of electronic health record (EHR) technology.
- The Workforce Development grants do not allow expenses for employee retention and recruitment bonuses and purchase of EHRs.

Technical Questions

20. Q: How do I submit an application?

A: Applications can be submitted here. The application portal will remain open through October 12, 2023. Applicants must also submit a Form W-9 via email. W-9s will need to be submitted by the application deadline to AHS.HCBSGrants@vermont.gov. Please review the Application Materials Checklist and other helpful materials on our website for more information.

- 21. Q: Can I submit a previously used W-9 Form?
 - A: Yes, but it must be signed and dated within **the last 6 months**. Anything prior to the last 6 months will be rejected.
- 22. Q: If I have questions about my application, what type of support will be available during the application period?
 - A: VT AHS will be hosting webinars and office hours during the application period. If there is need for support outside of those designated meeting times, an email can be sent to AHS.HCBSGrants@vermont.gov. For details regarding webinars and office hours, visit the website here.
- 23. Q: Will applicants receive confirmation of receipt of a complete application?
 A: Once the application is submitted through the online platform, a confirmation message will be shown within the browser. Applying providers will receive email updates as the application is processed.

Reporting Questions

- 24. Q: What are the post-grant award reporting requirements?
 - A: The AHS anticipates that the reporting requirements may vary based on the size and timeline for each award. In general, awardees can expect to:
 - Submit regular (e.g., quarterly) progress updates on the status of their project implementation. These will include details on milestones achieved, challenges encountered, and any modifications made to the original plan.
 - Collect data to evaluate the impact and effectiveness of their proposals through at least two custom metrics that are approved by the AHS.



- Submit an interim and final report that includes a narrative description about how their project advanced the Track Goals and an analysis of the two or more metrics.
- Submit regular financial reports (e.g., quarterly) detailing the allocation and expenditure of grant funds to facilitate the grant reimbursement process.

Reporting requirements for each grantee will be communicated in the grant award notification. In addition, proposals that create ongoing budget needs that extend beyond the HCBS Grant Opportunity funding period must also create a Sustainability Plan within six months of executing the grant agreement. This Sustainability Plan must be available to the AHS upon request.

FAQ Change Log

Version	Revision Date	Description of Changes
Version 1.0	9/06/2023	Initial FAQ uploaded to AHS website.
Version 2.0	9/18/2023	Updated to include guidance on bid requirements and multiple applications.
Version 3.0	9/29/2023	Updated to include W-9 guidance, award guidance for applications with multiple projects, and providers in Q11.

